

# HAMPTON RECREATION



## CRICKET SAFARI

2013 PARENTS MANUAL

PLEASE RETURN ALL COMPLETED FORMS TO  
THE HAMPTON RECREATION AND PARKS DEPARTMENT

[WWW.HAMPTONNH.GOV](http://WWW.HAMPTONNH.GOV)

SUMMER CAMP... CREATE  
MEMORIES THAT LAST A  
LIFETIME!



Hampton Parks and Recreation  
100 Winnacunnet Road  
Phone: 926-3932  
[www.hamptonnh.gov/rec](http://www.hamptonnh.gov/rec)

## CRICKET SAFARI SUMMER CAMP (Ages 3-5)

**Parents:** We are pleased to have your child participate in this year's summer camp program. The purpose behind the manual is to provide you and your child valuable information about the Cricket Safari Summer Camp. Please take the time to carefully read over the information below and fill out the appropriate documents. This paperwork is extremely helpful to us. Thank you for your cooperation on this matter.

<b>Dates:</b>	Camp begins June 24 (pending Hampton's last day of school); camp ends August 16
<b>Camp Hours:</b>	8:30am-12:00pm
<b>Camp Location:</b>	Centre School Gym
<b>Camp Packages:</b>	Weeks 1 & 3-8: 5-Day Expedition (Mon-Fri): \$60 per week 3-Day Quest (Mon, Wed, & Fri): \$45 per week 2-Day Trek (Tues & Thurs): \$30 per week Week 2 (4 <sup>th</sup> of July week): 4-Day Expedition (Mon, Tues, Wed, & Fri): \$50 3-Day Quest (Mon, Wed, & Fri): \$45 per week 1-Day Trek 2 (Tues): \$15

### REFUND POLICY:

1. No refunds will be given after the first day of camp. If you find that your child will not be attending camp, a letter must be given to the Recreation and Parks Director one week prior to the first day of camp so that the spot can be filled.

### ARRIVAL AND DISMISSAL INFORMATION:

1. There is no supervision before 8:30am
2. If your child is leaving before 12:00pm his/her camp counselor must be notified in writing by the parent/guardian. We must be made aware of who is picking your child up if it is someone other than a parent, they will be required to present a picture I.D. upon pickup.
3. Please be punctual when picking up your camper.
4. If children are carpooling with friends both parents must notify the counselors.

### CAMP INFORMATION:

1. Children must be "potty trained" before participating in camp.
2. Children should wear play clothes. They will get dirty and possibly wet! We recommend sending extra clothes in case of "accidents" or spills.
3. Crickets should bring a snack and drink.

# Hampton Recreation Cricket Safari Camp

PLEASE CHECK WEEK(S) YOU ARE REGISTERING FOR

## 5-Day Expedition Package- \$60/wk

- ☐ Week 1: June 24-28
- ☐ Week 2: SEE BELOW
- ☐ Week 3: July 8-12
- ☐ Week 4: July 15-19
- ☐ Week 5: July 22-26
- ☐ Week 6: July 29-Aug. 2
- ☐ Week 7: Aug. 5-9
- ☐ Week 8: Aug. 12-16

## 3-Day Quest Package- \$45/wk

- ☐ Week 1: Mon, Wed & Fri
- ☐ Week 2: Mon, Wed & Fri
- ☐ Week 3: Mon, Wed & Fri
- ☐ Week 4: Mon, Wed & Fri
- ☐ Week 5: Mon, Wed & Fri
- ☐ Week 6: Mon, Wed & Fri
- ☐ Week 7: Mon, Wed & Fri
- ☐ Week 8: Mon, Wed & Fri

## 2-Day Trek Package- \$30/wk

- ☐ Week 1: Tues & Thurs
- ☐ Week 2: SEE BELOW
- ☐ Week 3: Tues & Thurs
- ☐ Week 4: Tues & Thurs
- ☐ Week 5: Tues & Thurs
- ☐ Week 6: Tues & Thurs
- ☐ Week 7: Tues & Thurs
- ☐ Week 8: Tues & Thurs

### \*\*Week 2 Packages (4<sup>th</sup> of July week):

- ☐ 4-Day Expedition (Mon, Tues, Wed. & Fri): \$50
- ☐ 3-Day Trek 1 (Mon, Wed & Fri): \$45(regular week)
- ☐ 1-Day Trek 2 (Tues: \$15)

Participant's Name \_\_\_\_\_

T-Shirt Size \_\_\_\_\_

Additional T-Shirt (\$10 extra):      YES                      NO

Please list two neighbors or relatives who will assume temporary care of your child if you cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

### MEDICAL INFORMATION:

Any Special Needs:    YES                      NO

If yes please explain \_\_\_\_\_

\_\_\_\_\_

Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital of choice \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Policy # \_\_\_\_\_ Insurance Co. \_\_\_\_\_

**Hampton Recreation and Parks Department**  
**100 Winnacunnet Road**  
**Hampton, NH 03842**  
Tel: 603-926-3932 Fax: 603-926-6768

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Parent/Legal Guardian	e-mail address
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Name of Participant	Age	Date of Birth	Grade (12/13)
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Address	Town	State	Zip Code
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Work Phone	Home Phone	Cell Phone
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Emergency Contact \_\_\_\_\_

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Name/Relationship	Phone
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Please list any medical conditions we should be aware of \_\_\_\_\_

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**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration of the permission granted to the participant named below to participate in the Hampton Recreation and Parks Department programs, I/we SHALL RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the HAMPTON RECREATION AND PARKS DEPARTMENT, their agents and employees from all liability for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the named participant, whether caused by the negligence of the HAMPTON RECREATION AND PARKS DEPARTMENT, its agents and employee or otherwise while the named participant participates in its programs.

I/we further agree to indemnify the HAMPTON RECREATION AND PARKS DEPARTMENT, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which the HAMPTON RECREATION AND PARKS DEPARTMENT, their agents and employees become legally obligated to pay including reasonable attorneys' fees and costs, as a result of claims, demands, costs or judgments, against the HAMPTON RECREATION AND PARKS DEPARTMENT, their agents and employees on account of injury to the person or property or resulting in the death of the named participant whether or not caused by the negligence of the HAMPTON RECREATION AND PARKS DEPARTMENT, their agents and employees and whether or not such liability is sole, joint or several.

I/we am aware that participation in this program may present a strain on my child's body, or its parts and therefore I represent to HAMPTON RECREATION AND PARKS DEPARTMENT that to the best of my knowledge, my child is in a proper physical condition to allow him/her to participate and that I/we assume the risk of participating.

I/we understand that the above program involves traveling to various activity sites. I/we will accept full responsibility for the transportation of my child to and from these activities and I/we release, indemnify and hold harmless any persons providing such transportation.

I/we understand that in case of injury or illness, I/we will be notified. If it is impossible to contact me and it is an emergency, I/we hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for the safety of my child.

I/we, the parent/legal guardian, the undersigned, have read this release and understand all its terms. I/we execute it voluntarily and with full knowledge of its significance. I/we have executed this release on this date indicated next to my/our names.

I/we understand that the Department frequently takes photographs of its activities and participants during the course of the Department's activities. I hereby give permission to the Department to take such photographs of the above Participant and to use these photographs in the Department's publicity.

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Signature

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Date